

| POSITION            | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|------|
| FEES DETERMINATION  |          |        |      |
| O.I.P.E. CLASSIFIER |          |        |      |
| FORMALITY REVIEW    |          |        |      |

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral) Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim | Original | Date  |
|-------|----------|-------|
| 1     | ✓        | 5/28  |
| 2     | ✓        | 5/28  |
| 3     |          | 11/30 |
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| 17    |          |       |
| 18    | ✓        | ✓     |
| 19    | ✓        | ✓     |
| 20    | N        | N     |
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| 36    |          |       |
| 37    | ✓        | ✓     |
| 38    | ✓        | ✓     |
| 39    | J        | J     |
| 40    | J        | J     |
| 41    | J        | J     |
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| Claim | Original | Date |
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| Claim | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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